

CITY OF ST. CHARLES TWO EAST MAIN STREET ST. CHARLES IL 60174

Department: Building & Zoning Phone: (630) 377-4406 Fax: (630) 443-4638

Shed Construction – Building Permit Guidelines

The following are guidelines for obtaining a building permit to construct a storage shed.

- 1. A building permit is required for the construction of a storage shed.
- 2. An application must be filled out and submitted to the Building Department.
- 3. The building permit fee for a storage shed is \$50.00. This fee must be paid when submitting the application, and the fee is non-refundable.
- 4. Two (2) sets of drawings showing the construction details of the shed must be submitted with the application. See **SAMPLE an** included in this packet.
- 5. Two (2) copies of the plat of survey must be submitted with the application. The plat of survey must show the location of the shed and the electrical service coming into the house. See **SAMPLE B** included in this packet.
- 6. It is the responsibility of the homeowner/contractor to call the Joint Utility Location Information for Excavators. (J.U.L.I.E.) to have all underground utilities marked. Information on J.U.L.I.E. is included below.
- 7. It is the responsibility of the homeowner/contractor to schedule required inspections with the Building Department. The required inspections are indicated on the attached Plan Review form. Please have the address and permit number available when calling to schedule an inspection. A minimum of 24 hours' notice is required when scheduling any inspection.

Web Site Http://www.ci.st-charles.il.us

J.U.L.I.E.

Joint Utility Location Information for Excavators 1-800-892-0123

Dig Number: Date Notified:

Please Note: J.U.L.I.E. required 48 hours notice before digging.

One phone call to J.U.L.I.E. will notify all the following public utilities. These service utilities need to be located and marked by utility representatives prior to starting any excavation, grading, or other work that is below the ground surface. You will receive a Dig Number, which you should record above along with the date of notification.

UTILITY	Color Code Marker
Electric Utilities	Red
Comcast (Cable)	Orange
Northern Illinois Gas (Nicor Gas	s) Yellow
Sewer Utilities	Green
Telephone Company	Orange
Water Utilities	Blue

BUILDING & ZONING DIVISION (630) 377-4406 OR (630) 377-4410

Robert J. Vann Jerry Essem, Tom Medernach Steve Herra **Building Commissioner Building Inspector Plumbing Inspector** DATE: TO: FROM: St. Charles Building Zoning Department **NOTICE:** The St. Charles Building Zoning Department has reviewed the plans, which were submitted: BY: same FOR: Shed I OCATION.

INSPECTIONS REQUIRED	REQUIRED CODES
(X) Postholes	(X) St Charles Municipal Code
(X) Slab	(X) 2000 Int'l Residential Code w/Revisions
(X) Frame	(X) 2002 Nat'l. Electric Code w/revisions
(X) Final	(X) Fire Prevention Code
() Other:	

• **Re-inspection fees**: If any of the above-indicated inspections (with the exception of a final) require a reinspection be conducted, a fee of \$40.00 for each re-inspection will be invoiced to the builder and/or owner. If the inspection is a final and requires a re-inspection, a fee of \$75.00 for each final reinspection is to be paid at the Building and Zoning Office prior to the Final Occupancy being issued.

In review of your plans submitted to this office, the following items must be complied with per the above listed codes. (NOTE: NO FACILITY SHALL BE OCCUPIED OR USED UNTIL A FINAL INSPECTION HAS BEEN MADE AND A CERTIFICATE OF OCCUPANCY HAS BEEN ISSUED).

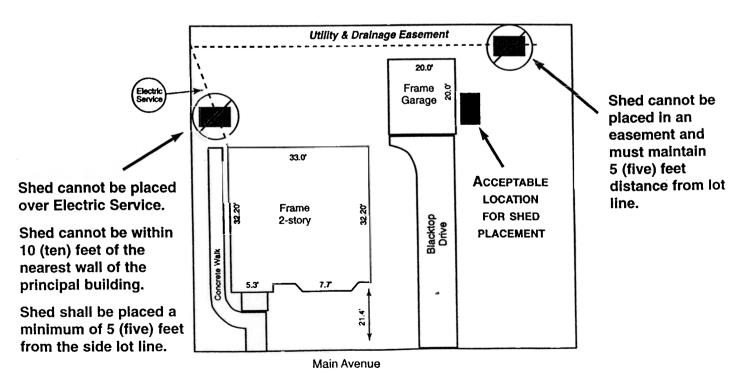
- 1. Compliance with the above indicated codes, ordinances, and inspections required.
- 2. The plan review and stamped <u>FIELD COPY</u> of the plans are to be on the job site.
- 3. A minimum of 24-hour notice is required when scheduling any inspection.
- 4. The shed cannot be free standing it is to be anchored. Ten (10") inch diameter by two (2') feet deep posthole shall be located at each corner of shed. A floating slab is acceptable.
- 5. Per the National Electrical Code no shed shall be placed over the electric service going through the yard into the house.
- 6. Drawing must show anchoring method used for floor to post.

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- 7. The postholes are to be inspected prior to filling with concrete.
- 8. Per the St. Charles Municipal Code, Title 17 Zoning, Section 17.02 General Provisions, 17.02.100 Accessory Buildings and Uses, paragraph B, the location of the storage/shed shall not be erected or moved to a location within ten (10') feet of the nearest wall of the principal building. The shed shall be a minimum of five (5') feet from the side lot line and five (5') feet from the rear lot line, except where there are easements, then the easements are to be maintained.
- 9. <u>It is the responsibility of the contractor/owner to provide all sub-contractors with copies of the review comments and indicate the required inspections.</u>

SAMPLE A STORAGE SHED SHOWING PIERS Show all construction details. All four corners to have piers 10 inches in diameter set 2 feet deep with anchors to be tied to shed framing. Slab detail also may be used with anchors.

SAMPLE B PLAT OF SURVEY





STATE OF ILLINOIS S

Pier

I hereby do certify that I have surveyed the described Property and that the plat hereon drawn correctly represents said survey.



CITY OF ST. CHARLES TWO EAST MAIN STREET ST. CHARLES, ILLINOIS 60174-1984

DEPARTMENT: BUILDING & ZONING PHONE: (630) 377-4406 FAX (630) 443-4638

APPLICATION FOR CONSTRUCTION FOR BUILDING PERMITS APPLICATION DATE: _____ PERMIT ISSUED_____ NO.: ____ PLEASE PRINT ALL INFORMATION I, ______, do hereby apply for a permit for the following described work located at Lot Unit NOTE: Is property located in the Historic Preservation District? Yes No Please circle either yes or no Subdivision ______, Type of construction _____ Description of proposed work: Square feet in building _____ Estimated cost of construction _____ Use of building ______ No. & Size of electric meter _____ No. & Size of water meters _____ Specifications_____ Plat of Survey____ Owner of Property General Contractor Name: Name: City: ____ City: State/Zip Code: State/Zip Code: Phone: Electric Contractor Concrete Contractor Name: Name: City: _____ City: _____ State/Zip Code: _____ State/Zip Code: _____

Continued on reverse side

PLEASE PRINT ALL INFORMATION

Plumbing Contractors	Roofing Contractors
Name:	Name:
Address:	Address:
City:	City:
State/Zip Code:	State/Zip Code:
Phone:	Phone:
IL & Registration No.:	Illinois License No:
	License Expiration Date:
Sewer & Water Contractor	HVAC Contractor
Name:	Name:
Address:	Address:
City:	City:
State/Zip Code:	State/Zip Code:
Phone:	Phone:
plumbing, electric and other applicable ordinances of the cause all work to be performed according to the propersonally supervise the work and shall do, or causpecifications and other written information supplied a applicable ordinances and the provision thereof and responsible for all work accomplished under the permitshall call for inspections as required at a minimum of 24	ovisions of said ordinances. I, or my agent, shall use to have done, said work according to plans, as a part of this application. I am familiar with the d in signing this application do willingly become nit by all contractors, tradesmen and workmen, and
PRINT NAME:S	IGNATURE:
Name of actual business(s) that will occupy this REPORT OF THE BUILDING OFFICE	
Remarks:	E 06" H
	For Office Osc
	Received
Accepted: Rejected: Date:	Fee Paid \$
Signed:	Receipt #
Copies of application distributed to: Electric: Engineering:	Fire:
Meter: PW:	
1 111	Historic Preservation: